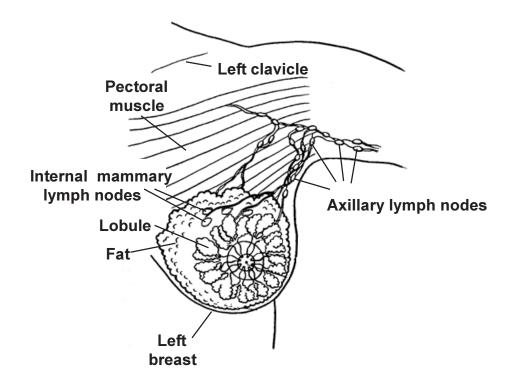
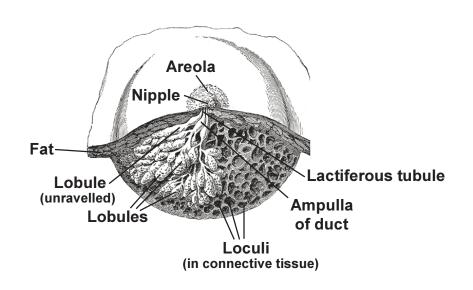
# **ANATOMIC DRAWINGS OF THE BREAST**



# THE BREAST AND AXILLA



# **BREAST CONTENTS**

#### **BREAST**

C50.0-C50.6, C50.8-C50.9

C50.0 Nipple <>

C50.1 Central portion of breast (subareolar) <>

C50.2 Upper-inner quadrant of breast <>

C50.3 Lower-inner quadrant of breast <>

C50.4 Upper-outer quadrant of breast <>

C50.5 Lower-outer quadrant of breast <>

C50.6 Axillary tail of breast <>

C50.8 Overlapping lesion of breast <>

C50.9 Breast, NOS <>

Laterality must be coded for this site.

#### **SUMMARY STAGE**

**0 In situ**: Noninvasive; intraepithelial

Intraductal WITHOUT infiltration

Lobular neoplasia Noninfiltrating

In situ Paget disease

# 1 Localized only

Confined to breast tissue and fat including nipple and/or areola Paget disease WITH or WITHOUT underlying tumor

Localized, NOS

# Continued on next page

# 2 Regional by direct extension only

Attachment or fixation to pectoral muscle or underlying tissue

Deep fixation

Extensive skin involvement:

En cuirasse

Erythema

Inflammation of skin

Lenticular nodule(s)

Peau d'orange (skin of orange)

"Pigskin"

Satellite nodule(s) in skin of primary breast

Skin edema

Ulceration of skin of breast

Inflammatory carcinoma, including diffuse (beyond that directly overlying the tumor) dermal

lymphatic permeation or infiltration

Invasion of (or fixation to):

Chest wall

Intercostal muscle(s)

Pectoral fascia or muscle(s)

Rib(s)

Serratus anterior muscle(s)

Subcutaneous tissue

Local infiltration of dermal lymphatics adjacent to primary tumor involving skin by direct extension

Skin infiltration of primary breast including skin of nipple and/or areola

# 3 Ipsilateral regional lymph node(s) involved only

```
REGIONAL Lymph Nodes
```

```
Axillary, NOS:
```

Level I (low) (superficial), NOS [adjacent to tail of breast]:

Anterior (pectoral)

Lateral (brachial)

Posterior (subscapular)

Level II (mid-level) (central), NOS:

Interpectoral (Rotter's)

Level III (high) (deep), NOS:

Apical (subclavian)

Axillary vein

Infraclavicular ###\*\*\* (subclavicular)

Internal mammary (parasternal)

Intramammary

Nodules in axillary fat

Regional lymph node(s), NOS

#### **BREAST**

C50.0-C50.6, C50.8-C50.9

# 4 Regional by BOTH direct extension AND ipsilateral regional lymph node(s) involved

Codes (2) + (3)

#### 5 Regional, NOS

# 7 Distant site(s)/lymph node(s) involved

Distant lymph node(s):

Cervical, NOS

Contralateral/bilateral axillary

Contralateral/bilateral internal mammary (parasternal)

Supraclavicular (transverse cervical)

Other distant lymph node(s)

Further contiguous extension:

Skin over:

Axilla

Contralateral (opposite) breast

Sternum

Upper abdomen

#### Metastasis:

Adrenal (suprarenal) gland

Bone other than adjacent rib

Contralateral (opposite) breast - if stated as metastatic

Lung

Ovary

Satellite nodule(s) in skin other than primary breast

# 9 Unknown if extension or metastasis

**Note 1**: Changes such as dimpling of the skin, tethering, and nipple retraction are caused by tension on Cooper's ligament(s), not by actual skin involvement. They do not alter the classification.

**Note 2**: Consider adherence, attachment, fixation, induration, and thickening as clinical evidence of extension to skin or subcutaneous tissue; code regional by direct extension. These terms would have been ignored in the 1977 Summary Staging Guide and cases would have been considered localized in the absence of further disease.

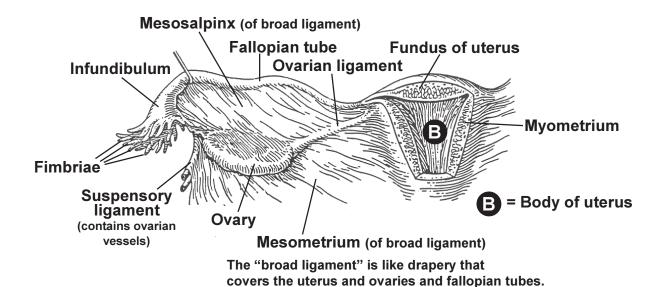
Note 3: Consider "fixation, NOS" as involvement of pectoralis muscle; code regional by direct extension.

**Note 4:** Since "inflammatory carcinoma" was not specifically categorized in either the Historic Stage or the 1977 Staging Guide, previous cases of inflammatory carcinoma may have been coded to either regional or distant.

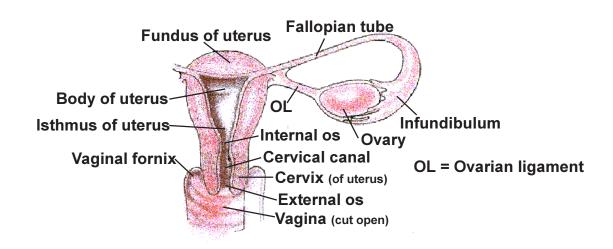
### Considered distant in Historic Stage

\*\*\* Considered distant in 1977 Summary Staging Guide

# ANATOMIC DRAWINGS OF THE FEMALE GENITAL SYSTEM

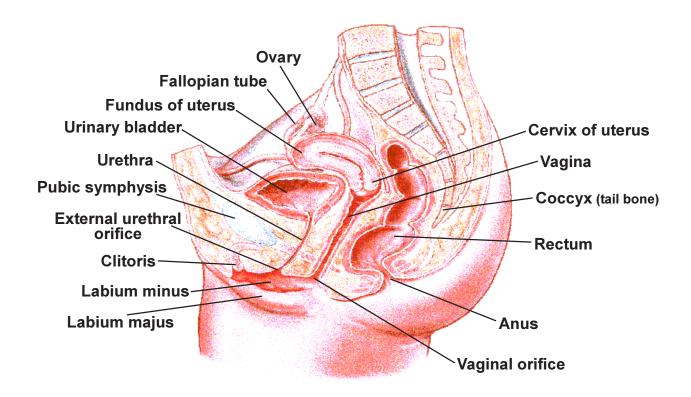


# THE UTERUS, RIGHT FALLOPIAN TUBE, AND RIGHT OVARY

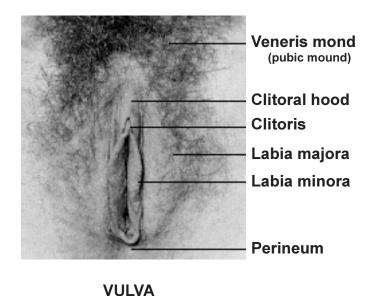


THE UTERUS, VAGINA, LEFT FALLOPIAN TUBE, AND LEFT OVARY

# ANATOMIC DAWINGS OF THE FEMALE GENITAL SYSTEM



# SAGITTAL CUT THROUGH THE FEMALE PELVIS



VULVA (including Skin of Vulva) [excluding Melanoma (page 172),

Kaposi Sarcoma (page 274), Mycosis Fungoides (page 176), Sezary Disease (page 176),

and Other Lymphomas (page 278)]

C51.0-C51.2, C51.8-C51.9

C51.0 Labium majus

C51.1 Labium minus

C51.2 Clitoris

C51.8 Overlapping lesion of vulva

C51.9 Vulva, NOS

#### **SUMMARY STAGE**

**0 In situ**: Noninvasive; intraepithelial

Bowen disease; intraepidermal

FIGO Stage 0

# 1 Localized only

Invasive cancer WITH or WITHOUT stromal invasion confined to:

Musculature

Submucosa

Vulva including skin

Localized, NOS

# 2 Regional by direct extension only

Extension to perineum

Extension to:

Anus

Bladder, NOS excluding mucosa###\*\*\*

Bladder wall###\*\*\*

Perianal skin

Rectal wall, NOS###\*\*\*

Rectum, NOS excluding mucosa ###\*\*\*

Urethra

Vagina

FIGO Stage III

```
VULVA (including Skin of Vulva) [excluding Melanoma (page 172),
Kaposi Sarcoma (page 274), Mycosis Fungoides (page 176), Sezary Disease (page 176),
and Other Lymphomas (page 278)]
C51.0-C51.2, C51.8-C51.9
```

# 3 Regional lymph node(s) involved only

```
REGIONAL Lymph Nodes (including bilateral or contralateral nodes)
```

Inguinal, NOS:

Deep, NOS:

Node of Cloquet or Rosenmuller (highest deep inguinal)

Superficial (femoral)

FIGO Stage III

Regional lymph node(s), NOS

Bilateral/contralateral regional lymph node(s)

FIGO Stage IVA

# 4 Regional by BOTH direct extension AND regional lymph node(s) involved

Codes 
$$(2) + (3)$$

# 5 Regional, NOS

# 7 Distant site(s)/node(s) involved

```
Distant lymph node(s):
```

Iliac, NOS:

Common

External\*\*

Internal (hypogastric), NOS:

Obturator

Pelvic, NOS

Other distant lymph node(s)

#### Extension to:

Bladder mucosa

Pelvic bone (pubic bone)

Perineal body##

Rectal mucosa##

Upper urethral mucosa

Further contiguous extension

Metastasis

FIGO Stage IVB; IV, NOS

VULVA (including Skin of Vulva) [excluding Melanoma (page  $\underline{172}$ ), Kaposi Sarcoma (page  $\underline{274}$ ), Mycosis Fungoides (page  $\underline{176}$ ), Sezary Disease (page  $\underline{176}$ ), and Other Lymphomas (page  $\underline{278}$ )] C51.0-C51.2, C51.8-C51.9

# 9 Unknown if extension or metastasis

- Note 1: Melanoma (M-8720-8790) of vulva is included in the melanoma scheme.
- Note 2: Mycosis fungoides (M-9700) and Sezary disease (M-9701) of vulva are included in the mycosis fungoides scheme.

**Note 3:** FIGO Stage I, IA, IB and II are defined by size of tumor, involvement of vulva or vulva and perineum, and depth of stromal invasion and are included as localized disease if only the vulva is involved and as regional if both the vulva and perineum are involved.

- ## Considered regional in Historic Stage
- ### Considered distant in Historic Stage
- \*\* Considered regional in 1977 Summary Staging Guide
- \*\*\* Considered distant in 1977 Summary Staging Guide

#### **VAGINA**

C52.9

C52.9 Vagina, NOS

#### **SUMMARY STAGE**

**0 In situ:** Noninvasive; intraepithelial

# 1 Localized only

Invasive cancer confined to submucosa (stroma##) FIGO Stage I

Musculature involved##

Localized, NOS

# 2 Regional by direct extension only

Extension to:

Bladder, NOS excluding mucosa###\*\*\*

Bladder wall###\*\*\*

Cervix

Cul de sac (rectouterine pouch)###

Paravaginal soft tissue

Rectal wall, NOS###\*\*\*

Rectum, NOS excluding mucosa ###\*\*\*

Rectovaginal septum

Vesicovaginal septum

Vulva

FIGO Stage II

Extension to pelvic wall ###\*\*\*

FIGO Stage III

# 3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes

# All parts of vagina:

Pelvic lymph nodes:

Iliac, NOS:

Common

External

Internal (hypogastric), NOS:

Obturator

Middle sacral (promontorial) (Gerota's node)

# Code 3 continued on next page

# 3 Regional lymph node(s) involved only (continued)

# Lower third of vagina:

Ipsilateral or bilateral:
Inguinal, NOS: ###\*\*\*
Superficial (femoral) ###\*\*\*

# Upper two-thirds of vagina:

Pelvic, NOS###\*\*\*

Regional lymph node(s), NOS FIGO Stage III

# 4 Regional by BOTH direct extension AND regional lymph node(s) involved

Codes (2) + (3)

# 5 Regional, NOS

FIGO Stage III, NOS

# 7 Distant site(s)/node(s) involved

Distant lymph node(s):

Aortic, NOS:

Lateral (lumbar)

Para-aortic

Periaortic

Inguinal for upper two-thirds of the vagina only

Retroperitoneal, NOS

Other distant lymph node(s)

#### Extension to:

Bladder mucosa (excluding bullous edema)<sup>##</sup>
Rectal mucosa<sup>##</sup>
FIGO Stage IVA

# Extension beyond true pelvis:

Extension to urethra

FIGO Stage IVA, not further specified

Further contiguous extension

Metastasis:

FIGO Stage IVB

FIGO Stage IV, NOS

# 9 Unknown if extension or metastasis

**Note**: "Frozen pelvis" is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of a statement of involvement, code as regional by direct extension.

## ### Considered regional in Historic Stage Considered distant in Historic Stage

\*\*\*

Considered distant in 1977 Summary

#### **CERVIX UTERI**

C53.0-C53.1, C53.8-C53.9

C53.0 Endocervix

C53.1 Exocervix

C53.8 Overlapping lesion of cervix uteri

C53.9 Cervix uteri

# **SUMMARY STAGE**

**0 In situ**: Noninvasive; intraepithelial

Preinvasive

Cancer in situ WITH endocervical gland involvement

FIGO Stage 0

CIN (Cervical intraepithelial neoplasia) Grade III

# 1 Localized only

Invasive cancer confined to cervix uteri:

Minimal microscopic stromal invasion  $\leq 3$  mm in depth and  $\leq 7$  mm in horizontal spread FIGO Stage IA1

"Microinvasion"

Tumor WITH invasive component > 3 mm and  $\le 5$  mm in depth, taken from the base of the epithelium, and  $\le 7$  mm in horizontal spread

FIGO Stage IA2

Invasive cancer confined to cervix and tumor 1.5mm in depth and > 7 mm in horizontal spread FIGO Stage IB

FIGO Stage I, not further specified

Localized, NOS:

Confined to cervix uteri

Confined to uterus, NOS (except corpus uteri, NOS)

# 2 Regional by direct extension only

Extension to/involvement of:

Corpus uteri

Cul de sac (rectouterine pouch)

Upper 2/3 of vagina including fornices

Vagina, NOS

Vaginal wall, NOS

FIGO Stage IIA

# Code 2 continued on next page

# 2 Regional by direct extension only (continued)

```
Extension to:
           Ligament(s):
               Broad
               Cardinal
               Uterosacral
           Parametrium (paracervical soft tissue)
       FIGO Stage IIB
       Extension to:
           Bladder, NOS excluding mucosa
           Bladder wall
           Lower 1/3 of vagina
           Rectal wall, NOS
           Rectum, NOS excluding mucosa
           Ureter, intra- and extramural***
           Vulva*
       Bullous edema of bladder mucosa
       FIGO Stage IIIA
       Extension to:
           Fallopian tube(s)###***
           Ovary(ies)###
           Pelvic wall(s)
           Urethra###**
       FIGO Stage IIIB
       Tumor causes hydronephrosis or nonfunctioning kidney
       FIGO Stage IIIB
       FIGO Stage III, NOS
3 Regional lymph node(s) involved only
```

```
REGIONAL Lymph Nodes
   Iliac, NOS:
       Common
       External
       Internal (hypogastric), NOS:
           Obturator
   Paracervical
   Parametrial
   Pelvic, NOS
   Sacral, NOS:
       Lateral (laterosacral)
       Middle (promontorial) (Gerota's node)
       Presacral
       Uterosacral
```

Regional lymph node(s), NOS

#### **CERVIX UTERI**

C53.0-C53.1, C53.8-C53.9

# 4 Regional by BOTH direct extension AND regional lymph node(s) involved

Codes (2) + (3)

# 5 Regional, NOS

FIGO Stage III, NOS

# 7 Distant site(s)/node(s) involved

Distant lymph node(s):

Aortic, NOS:

Lateral (lumbar)

Para-aortic

Periaortic

Inguinal

Mediastinal

Other distant lymph node(s)

#### Extension to:

Bladder mucosa (excluding bullous edema)<sup>##</sup>
Rectal mucosa<sup>##</sup>

Further contiguous extension beyond true pelvis:

Sigmoid colon

Small intestine

Metastasis

FIGO Stage IV, IVA, IVB

# 9 Unknown if extension or metastasis

Note 1: Involvement of anterior and/or posterior septum is coded as involvement of the vaginal wall.

**Note 2:** "Frozen pelvis" is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of a statement of involvement, code as regional by direct extension. In both the Historic Stage and the 1977 Summary Staging Guide "frozen pelvis" was considered distant.

Note 3: If the clinician says "adnexa palpated" but doesn't mention lymph nodes, assume lymph nodes are not involved.

Note 4: If either exploratory/definitive surgery is done with no mention of lymph nodes, assume nodes are negative.

```
## Considered regional in Historic Stage
```

### Considered distant in Historic Stage

\*\*\* Considered distant in 1977 Summary Staging Guide

#### **CORPUS UTERI**

The endometrium (mucosa) consists of:

The EPITHELIAL LAYER contains no blood vessels or lymphatics.

The BASEMENT MEMBRANE, a sheet of extracellular material, functions as a filtration barrier and a boundary involved in generating and maintaining tissue structure.

The LAMINA PROPRIA, composed of areolar connective tissue, contains blood vessels, nerves, and, in some regions, glands. Once tumor has broken through the basement membrane into the lamina propria, it can spread by way of the lymphatics and blood vessels to other parts of the body.

There is NO MUSCULARIS MUCOSAE or SUBMUCOSA in the endometrium.

The MYOMETRIUM (muscularis) is composed of three layers of smooth muscle fibers; it constitutes the wall of the organ.

The SEROSA, the outermost layer covering the corpus uteri, is a serous membrane, part of the visceral peritoneum.

# CORPUS UTERI TABLE OF ANATOMIC STRUCTURES

TABLE OF THE VITOVITE STREET CILLS					
PRIMARY SITE	ENDOMETRIUM (mucosa)			MYOMETRIUM (3 layers)	SEROSA (tunica serosa)
Corpus Uteri (C54)	Columnar Epithelium Yes	B A S E M E N T M E M B R A N E R	Stroma (lamina propria) Yes	Yes	Yes

# DISTINGUISHING "IN SITU" AND "LOCALIZED" TUMORS FOR THE CORPUS UTERI

Careful attention must be given to the use of the term "confined to endometrium" for corpus uteri.

- 1) Determine if the tumor is confined to the columnar epithelium, in which case it is in situ, **OR**
- 2) if the tumor has penetrated the basement membrane to invade the stroma (lamina propria), in which case it is localized and is coded to invasion of the stroma.

#### **CORPUS UTERI; UTERUS, NOS**

C54.0-C54.3, C54.8-C54.9, C55.9

C54.0 Isthmus uteri

C54.1 Endometrium

C54.2 Myometrium

C54.3 Fundus uteri

C54.8 Overlapping lesion of corpus uteri

C54.9 Corpus uteri

C55.9 Uterus, NOS

Note: In most cases, gestational trophoblastic tumors (ICD-O-3 morphology codes M9100-9105) are coded to placenta, C58.9.

# **SUMMARY STAGE**

**0 In situ**: Noninvasive; intraepithelial

Preinvasive FIGO Stage 0

# 1 Localized only

Confined to endometrium (stroma)

FIGO Stage IA

Invasion of myometrium/serosa of corpus (tunica serosa)

FIGO Stage IB

FIGO Stage IC

Localized, NOS

FIGO Stage I not further specified

# 2 Regional by direct extension only

Extension to/involvement of:

Cervix uteri, NOS

FIGO Stage II, NOS

Endocervical glandular involvement only

FIGO Stage IIA

Cervical stromal invasion

FIGO Stage IIB

Extension or metastasis within true pelvis:

Fallopian tube(s)

Ligament(s):

Broad

Round

Uterosacral

# Code 2 continued on next page

# 2 Regional by direct extension only (continued)

```
Ovary(ies)
   Parametrium
   Pelvic serosa###
   Pelvic tunica serosa###
   Ureter***
   Vulva***
Cancer cells in ascites
Cancer cells in peritoneal washings
FIGO Stage IIIA
Extension or metastasis***##:
    Bladder, NOS excluding mucosa
    Bladder wall
    Rectal wall, NOS
    Rectum, NOS excluding mucosa
    Vagina***
   Pelvic wall(s)###
FIGO Stage IIIB
```

# 3 Regional lymph node(s) involved only

# **REGIONAL Lymph Nodes**

```
Aortic, NOS###:
   Lateral (lumbar)
   Para-aortic
   Periaortic
Iliac:
   Common
   External
   Internal (hypogastric), NOS:
       Obturator
Paracervical###
Parametrial
Pelvic, NOS
Sacral, NOS###:
   Lateral (laterosaral)
   Middle (promontorial) (Gerota's node)
   Presacral
   Uterosacral
FIGO Stage IIIC
Regional lymph node(s), NOS
```

# **CORPUS UTERI; UTERUS, NOS**

C54.0-C54.3, C54.8-C54.9, C55.9

# 4 Regional by BOTH direct extension AND regional lymph node(s) involved

Codes (2) + (3)

# 5 Regional, NOS

FIGO Stage III, NOS

# 7 Distant site(s)/node(s) involved

```
Distant lymph node(s):
Inguinal, NOS:
Deep, NOS;
Node of Cloquet or Rosenmuller (highest deep inguinal)
Superficial inguinal (femoral)**
Other distant lymph node(s)
```

# Extension to:

Bladder mucosa (excluding bullous edema)<sup>##</sup>
Rectal mucosa<sup>##</sup>
FIGO Stage IVA

# Further contiguous extension:

Abdominal serosa (peritoneum) Cul de sac (rectouterine pouch) Sigmoid colon Small intestine

Metastasis FIGO Stage IVB

# Continued on next page

#### 9 Unknown if extension or metastasis

- **Note 1:** This scheme should also be used for sarcomas of the myometrium even though such cases are excluded from UICC/AJCC staging of corpus uteri.
- **Note 2:** Adnexa is defined as the tubes, ovaries and ligament(s).
- **Note 3:** "Frozen pelvis" is a clinical term which means tumor extends to pelvic sidewall(s). In the absence of a statement of involvement, code as regional by direct extension. In both the Historic Stage and the 1977 Summary Staging Guide "frozen pelvis" was considered distant.
- Note 4: If the clinician says "adnexa palpated" but doesn't mention lymph nodes, assume lymph nodes are not involved.
- Note 5: If either exploratory/definitive surgery is done with no mention of lymph nodes, assume nodes are negative.
- Note 6: Sounding of the corpus is no longer a prognostic factor.
- Note 7: Extension to the bowel mucosa or bladder mucosa must be proven by biopsy in order to rule out bullous edema.
- a Since "cancer cells in ascites or in peritoneal washings" was not specifically categorized in either the Historic Stage or in the 1977 Summary Staging Guide, previous cases may have been coded to either regional or distant.
- ## Considered regional in Historic Stage
- ### Considered distant in Historic Stage
- \* Considered localized in 1977 Summary Staging Guide
- \*\* Considered regional in 1977 Summary Staging Guide
- \*\*\* Considered distant in 1977 Summary Staging Guide

#### **OVARY**

```
C56.9
```

C56.9 Ovary <>

Laterality must be coded for this site.

#### **SUMMARY STAGE**

**0 In situ**: Noninvasive; intraepithelial

Preinvasive

# 1 Localized only

Tumor limited to one ovary, capsule intact, no tumor on ovarian surface FIGO Stage IA

Tumor limited to both ovaries, capsule(s) intact, no tumor on ovarian surface FIGO Stage IB

Tumor limited to ovary(ies):

Unknown if capsule(s) ruptured or if one or both ovaries involved

Localized, NOS

FIGO Stage I, not further specified

# 2 Regional by direct extension only

Implants on ovary(ies) ###\*\*\*

Tumor limited to ovary(ies), capsule(s) ruptured \*\*

Tumor limited to ovary(ies) WITH malignant cells in ascites or peritoneal washings a Tumor on ovarian surface ###\*\*\*

FIGO Stage IC

Extension to or implants ###\*\*\* on:

Adnexa<sup>b</sup>

Fallopian tube(s)<sup>b</sup>

Uterus\*\*

FIGO Stage IIA

# Code 2 continued on next page

# 2 Regional by direct extension only (continued)

```
Extension to or implants on:
    Pelvic tissue:
        Adjacent peritoneum
        Broad ligament<sup>b</sup>
        Ligament(s):
            Broad
            Ovarian
            Round
            Suspensory
        Mesovarium<sup>b</sup>
    Pelvic wall
FIGO Stage IIB
Extension to pelvic tissues or pelvic wall WITH malignant cells in ascites or peritoneal washings<sup>a</sup>
FIGO Stage IIC
Extension or discontinuous metastasis*** to:
    Bladder
    Bladder serosa
    Cul de sac (rectouterine pouch)
    Parametrium
    Rectosigmoid
    Rectum
    Sigmoid colon
    Sigmoid mesentery
    Ureter (pelvic portion)
    Uterine serosa
FIGO Stage II, not further specified
```

# 3 Regional lymph node(s) involved only

REGIONAL Lymph Nodes (including contralateral or bilateral nodes)

```
Aortic, NOS:###
   Lateral (lumbar)
   Para-aortic
   Periaortic
Iliac, NOS:
   Common
   External
   Internal (hypogastric), NOS:
       Obturator
Inguinal***
Lateral sacral (laterosacral)***
Pelvic, NOS
Retroperitoneal, NOS###
Regional lymph node(s), NOS
```

# 4 Regional by BOTH direct extension AND regional lymph node(s) involved

Codes (2) + (3)

# 5 Regional, NOS

# 7 Distant site(s)/lymph node(s) involved

Microscopic peritoneal implants beyond pelvis, including peritoneal surface of liver FIGO Stage IIIA

Macroscopic peritoneal implants beyond pelvis, ≤2 cm in diameter, including peritoneal surface of liver

FIGO Stage IIIB

Peritoneal implants beyond pelvis, >2 cm in diameter, including peritoneal surface of liver FIGO Stage IIIC

Peritoneal implants, NOS

FIGO Stage III, not further specified

Distant lymph node(s)

Further contiguous extension or metastasis:

Abdominal mesentery

Colon except sigmoid

Diaphragm

Gallbladder

Kidney

Liver (peritoneal surface)

Omentum

**Pancreas** 

Pericolic gutter

Peritoneum, NOS (excluding adjacent pelvic peritoneum)

Small intestine

Spleen

Stomach

Ureter (retroperitoneal portion)

Metastasis, including:

Liver parenchymal metastasis

Pleural fluid (positive cytology)

FIGO Stage IV

# 9 Unknown if extension or metastasis

Note 1: Ascites, NOS is considered negative.

**Note 2**: Peritoneal implants outside the pelvis must be microscopically confirmed. Peritoneal implants may also be called seeding, salting, talcum powder appearance, or studding.

**Note 3**: If implants are mentioned, determine whether they are in the pelvis or in the abdomen and code appropriately to regional by direct extension or to distant. If not stated, code to distant.

- Since "cancer cells in ascites or in peritoneal washings" was not specifically categorized in either the Historic Stage or in the 1977 Summary Staging Guide, previous cases may have been coded to either regional or distant.
- b Involvement of **contralateral** fallopian tube, broad ligament, mesovarium, or adnexa was considered distant in 1977 Summary Staging Guide.
- # Considered localized in Historic Stage
- ### Considered distant in Historic Stage
- \* Considered localized in 1977 Summary Staging Guide
- \*\*\* Considered distant in 1977 Summary Staging Guide

# **FALLOPIAN TUBE**

C57.0

C57.0 Fallopian tube<>

Laterality must be coded for this site.

#### **SUMMARY STAGE**

**0 In situ**: Noninvasive; intraepithelial

FIGO Stage 0

# 1 Localized only

Confined to fallopian tube(s) Extension onto or through tubal serosa Malignant ascites<sup>a</sup> Malignant peritoneal washings<sup>a</sup> FIGO Stage I

Localized, NOS

# 2 Regional by direct extension only

Extension to:

Broad ligament, ipsilateral

Corpus uteri

Mesosalpinx, ipsilateral

Ovary, ipsilateral

Peritoneum

Uterus, NOS

FIGO Stage II

# 3 Regional lymph node(s) involved only

# **REGIONAL Lymph Nodes**

Aortic, NOS###:

Lateral (lumbar)

Para-aortic

Periaortic

Iliac, NOS:

Common

External

Internal (hypogastric), NOS:

Obturator Inguinal\*\*\* Lateral sacral (laterosacral)###\*\*\*

Pelvic, NOS

Retroperitoneal, NOS###

Regional lymph node(s), NOS

FIGO Stage IIIC

# 4 Regional by BOTH direct extension AND regional lymph node(s) involved

Codes 
$$(2) + (3)$$

# 5 Regional, NOS

# 7 Distant site(s)/node(s) involved

Distant lymph node(s)

Exension to:

Cul de sac (rectouterine pouch)

Omentum

Ovary, contralateral

Rectosigmoid

Sigmoid

Small intestine

Further contiguous extension:

Metastasis:

Peritoneal implants outside the pelvis

FIGO Stage IIIA, IIIB, III NOS; IV

# 9 Unknown if extension or metastasis

Since "cancer cells in ascites or in peritoneal washings" was not specifically categorized in either the Historic Stage or in the 1977 Summary Staging Guide, previous cases may have been coded to either regional or distant.

### Considered distant in Historic Stage

\*\*\* Considered distant in 1977 Summary Staging Guide

# BROAD AND ROUND LIGAMENTS, PARAMETRIUM, UTERINE ADNEXA

C57.1-C57.4

C57.1 Broad ligament

C57.2 Round ligament

C57.3 Parametrium

C57.4 Uterine adnexa

# **SUMMARY STAGE**

**0 In situ**: Noninvasive; intraepithelial

# 1 Localized only

Confined to tissue or organ of origin

Localized, NOS

# 2 Regional by direct extension only

Extension to:

Corpus uteri

Fallopian tube for ligaments

Mesosalpinx, ipsilateral

Ovary, ipsilateral

Peritoneum

Uterus, NOS

# 3 Regional lymph node(s) involved only

# REGIONAL Lymph Nodes

Aortic, NOS:

Lateral (lumbar)

Para-aortic

Periaortic

Iliac, NOS:

Common

External

Internal (hypogastric), NOS:

Obturator

Inguinal

Lateral sacral (laterosacral)

Pelvic, NOS

Retroperitoneal, NOS

Regional lymph node(s), NOS

# **BROAD AND ROUND LIGAMENTS, PARAMETRIUM, UTERINE ADNEXA** C57.1-C57.4

# 4 Regional by BOTH direct extension AND regional lymph node(s) involved

Codes 
$$(2) + (3)$$

# 5 Regional, NOS

# 7 Distant site(s)/lymph node(s) involved

Distant lymph node(s)

Extension to:

Cervix uteri

Cul de sac (rectouterine pouch)

Omentum

Ovary, contralateral

Rectosigmoid

Sigmoid

Small intestine

Further contiguous extension

Metastasis

# 9 Unknown if extension or metastasis

#### OTHER AND UNSPECIFIED FEMALE GENITAL ORGANS

C57.7-C57.9

C57.7 Other specified parts of female genital organs

C57.8 Overlapping lesion of female genital organs

C57.9 Female genital tract, NOS

#### **SUMMARY STAGE**

0 In situ: Noninvasive; intraepithelial

# 1 Localized only

Confined to site of origin

Localized, NOS

# 2 Regional by direct extension only

Extension to:

Adjacent tissue(s), NOS

Connective tissue

See definition of connective tissue on page 14.

Adjacent organs/structures

Female genital organs:

Adnexa

Broad ligament(s)

Cervix uteri

Corpus uteri

Fallopian tube(s)

Ovary(ies)

Parametrium

Round ligament(s)

Uterus, NOS

Vagina

# 3 Regional lymph node(s) involved only

Regional lymph node(s), NOS

# 4 Regional by BOTH direct extension AND regional lymph node(s) involved

Codes (2) + (3)

5 Regional, NOS

# **OTHER AND UNSPECIFIED FEMALE GENITAL ORGANS** C57.7-C57.9

# 7 Distant site(s)/lymph node(s) involved

Distant lymph node(s)

Further contiguous extension: Other organs of pelvis

Metastasis

9 Unknown if extension or metastasis

# **PLACENTA**

C58.9

C58.9 Placenta

# **SUMMARY STAGE**

0 In situ: Noninvasive; intraepithelial

# 1 Localized only

Confined to placenta

Localized, NOS

# 2 Regional by direct extension only

Extension to:

Adjacent connective tissue

Other genital structures:

Broad ligament(s)

Cervix uteri

Corpus uteri

Fallopian tube(s)

Ovary(ies)

Uterus, NOS

Vagina

# 3 Regional lymph node(s) involved only

# **REGIONAL Lymph Nodes**

Aortic, NOS:

Lateral (lumbar)

Para-aortic

Peri-aortic

Iliac, NOS:

Common

External

Internal (hypogastric), NOS:

Obturator

Parametrial

Pelvic, NOS

Sacral:

Lateral (laterosacral)

Middle (promontorial) (Gerota's node)

Presacral

Uterosacral

Regional lymph node(s), NOS

# 4 Regional by BOTH direct extension AND regional lymph node(s) involved

Codes 2 + 3

# 5 Regional, NOS

# 7 Distant site(s)/lymph node(s) involved

Distant lymph node(s):
Superficial inguinal (femoral)
Other distant node(s)

Further contiguous extension

Metastasis

# 9 Unknown if extension or metastasis